# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

10827

## CERTIFICATE OF DEATH

Reg. Dist. No. 63

**1. PLACE OF DEATH:**

County Caroline

City or town Preston - Rural near Harmony

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 54 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Harmony

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** John L. Adams

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Colored | Married |

6 (b) Name of husband or wife Lottie Adams

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) November 14, 1884

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 54 | 11 | 27 | ____ hrs. ____ min. |

9. Birthplace Caroline County, Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name John W. Adams

13. Birthplace Caroline County, Maryland

MOTHER 14. Maiden name Ellen Dickerson

15. Birthplace Caroline County, Maryland

16. Informant Mrs. Lottie Adams

Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14, 1939 (month) (day) (year)

Cemetery or crematory Harmony Cemetery

Location Preston, Maryland, R.F.D.

16. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Nov. 14 (Date rec'd by registrar) 1939 Cornelia D. Plummer Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH November 11 1939, at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

| | DURATION |
|---|---|
| Immediate cause of death Fracture of skull, Auto Accident | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN** Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilbur N. Nichols M. D. or other

Address Deputy Medical Examiner for Caroline Co. Date signed 11/13/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32-a

# CERTIFICATE OF DEATH

10828

Reg. Dist. No. 64

**1. PLACE OF DEATH:**

County Caroline

City or town Federalsburg - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Faulkner's Bridge

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Faulkner's Bridge

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** William Oscar Adams

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Colored | Widowed |

6 (b) Name of husband or wife Sallie Adams

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 14, 1879

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 60 | 5 | 3 | ____ hrs. ____ min. |

9. Birthplace Caroline County, Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER

12. Name John Adams

13. Birthplace Caroline County, Maryland

MOTHER

14. Maiden name Ellen Dickerson

15. Birthplace Caroline County, Maryland

16. Informant Charles W. Adams

Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 20, 1939 (month) (day) (year)

Cemetery or crematory Federalsburg Colored Cemetery

Location Federalsburg, Maryland

16. Funeral dirsctor A. J. Frampton & Son

Address Federalsburg, Maryland

19. Nov. 17 1939 S. S. Frampton, Registrar (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1939, at 2:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 1939 to Nov 17 1939, and that I last saw him alive on Nov. 17 1939.

| | DURATION |
|---|---|
| Immediate cause of death Uremia | |
| Due to Medical Intervention ? | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Lemmon MD

M. D. or other

Address Federalsburg Md Date signed 11/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

10829

# CERTIFICATE OF DEATH

Reg. Dist. No. 6 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Caroline
City or town near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Raymond Emerson Brown.

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M. | Col | Single |

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16th 1920

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 19 | 9 | 15 | hrs. min. |

9. Birthplace near Denton Md.
(Town, county, and state)
10. Usual occupation on farm.
11. Industry or business

FATHER
12. Name James A Brown
13. Birthplace Maryland

MOTHER
14. Maiden name Mary Wayman
15. Birthplace Maryland

16. Informant Mary Brown (Mother)
Address R.D. Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-6-39 (month) (day) (year)
Cemetery or crematory Sandtown Cemetery.
Location near Hillsboro

18. Funeral director J. Virgil Mason Sons
Address Denton Md

19. Nov. 5 39 (Date rec'd by registrar) Mrs D O George Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2nd 1939 at 10P M

21. I CERTIFY that death occurred on the date above stated: And I attended deceased from Sept 19 39 to Nov 2nd 1939
and that I last saw h alive on Nov 2nd 1939.

| Immediate cause of death | DURATION |
|---|---|
| Tuberculosis of Lungs | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE Wilbur H Nuttle M. D. or other
Address Denton Md Date signed 11/4/39

RECEIVED
DEC 5 1939
BUREAU V. S.

Dr. Small

10830

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

**1. PLACE OF DEATH:**

County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Mission
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** Alice Marie Brummell

**3. (b) Social Security Number** 220-03-8398

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Female | Colored | Married |

6 (b) Name of husband or wife Jerome Brummell

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) October 1, 1915

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 24 | 1 | 4 | hrs. min. |

9. Birthplace Quantico, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER
12. Name James Cluff
13. Birthplace Virginia

MOTHER
14. Maiden name Lillie Matthews
15. Birthplace Virginia

16. Informant Jerome Brummell

Address Federalsburg, Maryland, R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof November 7, 1939
(month) (day) (year)

Cemetery or crematory Federalsburg Colored Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Nov. 7 1939 J. J. Frampton
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 11 30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 1939, to Oct 31 1939 (visit)

and that I last saw her alive on Oct 31 1939.

Immediate cause of death

Lobar pneumonia (left) — DURATION: 2 weeks

Due to

Due to Auto bronchitis — ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Cate of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Small M.D.
M. D. or other

Address Denton Md Date signed 11-9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
NOV 13 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10831

## CERTIFICATE OF DEATH

(95-E)

Reg. Dist. No. 61

**1. PLACE OF DEATH:**

County Caroline

City or town Greensboro Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** James Leonard Dyer

**3. (b) Social Security Number**

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Emma Hartle Dyer

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) June 16th 1864

**8. AGE:** Years 75 Months 4 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace Talbot, Maryland (Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER 12. Name William Dyer

13. Birthplace Maryland

MOTHER 14. Maiden name Henetta Colne

15. Birthplace Maryland

16. Informant Mrs Emma Dyer (wife)

Address Greensboro Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 11-7-39 (month) (day) (year)

Cemetery or crematory Greensboro Cemetery

Location Greensboro Md.

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. Nov. 7 1939 (Date rec'd by registrar) L. Mae Pippin Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH November 4 1939, at 10 30 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4 1939, to ___ 19__, and that I last saw him alive on Nov 4 1939.

Immediate cause of death Cardiac Myocarditis

DURATION 11/4/39

Due to

Due to Cardiac Renal Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles W. Stramfer M.D. M.D. or other

Address Greensboro Md Date signed Nov 4 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-B)

10832

## CERTIFICATE OF DEATH

Reg. Dist. No. 63

**1. PLACE OF DEATH:**

County: Caroline

City or town: Preston, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): for life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME**: Mattie Douglas Fooks

**3. (b) Social Security Number**

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: E. Lloyd Fooks

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1879

**8. AGE:** Years: 59 Months: 11 Days: 4 If less than one day ____ hrs. ____ min.

9. Birthplace: Preston
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James H. Douglas
13. Birthplace: Preston

MOTHER
14. Maiden name: Mary E. Medford
15. Birthplace: Federalsburg

16. Informant: E. Lloyd Fooks

Address: Preston, Md.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 19, 1939 (month) (day) (year)

Cemetery or crematory: Federalsburg, Cemetery

Location: Federalsburg, Maryland

18. Funeral director: W. H. Hollis & Son

Address: Preston, Maryland

19. Nov. 19 1939 (Date rec'd by registrar) Cornelia D. Plummer Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 17 1939, at 3a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Nov. 17 1939, and that I last saw her alive on Nov. 12 1939.

Immediate cause of death: Cancer, of Peritoneum, enveloping intestines and Stomach

DURATION: 8

Due to: Primary cancer of stomach. C.W.G.R.

Due to: Duration: two years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work? —

23. SIGNATURE: L. C. Frazier M.D. M. D. or other

Address: Hurlock, Md. Date signed: 11-18-39

RECEIVED
DEC 6 1939
BUREAU V. S.

10833

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

## CERTIFICATE OF DEATH

Reg. Dist. No. 63

**1. PLACE OF DEATH:**

County: Caroline

City or town: Preston, Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston, Md. R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Gabriel W. Friend.

**3. (b) Social Security Number:** None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. Friend.

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): November 10th. 1865

**8. AGE:** Years: 74 Months: Days: 7 If less than one day: hrs. min.

9. Birthplace: Caroline Co. Maryland.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: General Farming.

FATHER
12. Name: William Friend.
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden name: Georgianna Hopkins,
15. Birthplace: Caroline Co. Md.

16. Informant: Mary A. Friend,
Address: Preston, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 20" 1939 (month) (day) (year)

Cemetery or crematory: Mt. Pleasant Cemetery

Location: Preston, Md. R.F.D.

18. Funeral director: J. J. Framptom & Son.
Address: Federalsburg, M d.

19. Nov. 20 1939 (Date rec'd by registrar) Cornelia D. Plummer Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17th. 1939, at 10 A-M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 17 1939, to November 17 1939, and that I last saw him alive on Never saw him alive 19

Immediate cause of death: From History I derived he died of a Coronary Occlusion — DURATION: 16/17/39

Due to: Chronic Myocarditis — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Timothy B. Plummer M. D. or other

Address: Preston Md. Date signed: 11/20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

10834

## CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Caroline

City or town: Ridgely

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Tufts Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1

Stay in this community (yrs., or mos., or days): 1

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

**3. (a) FULL NAME:** William Rudolph Gretzinger Jr

**3. (b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | single |

6 (b) Name of husband or wife: none

6 (c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): November 22 1939

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 0 | 0 | hrs. 42 min. |

9. Birthplace: Ridgely, Caroline Co Md (Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER

12. Name: Wm Rudolph Gretzinger

13. Birthplace: Easton Md

MOTHER

14. Maiden name: Betty Jean Wilkinson

15. Birthplace: Easton Md

16. Informant: Mrs Wm R. Gretzinger

Address: Easton Md

17. Ridgely Md (Burial, cremation, or removal. Which?) Date thereof Nov 23 1939 (month) (day) (year)

Cemetery or crematory: Burial Co

Location: Ridgely, Md.

18. Funeral director: Wm. R. Gretzinger

Address: Easton, Md.

19. Nov 23 1939 (Date rec'd by registrar) J. W. Davis Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22 1939, at 10:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 1939, to Nov 22 1939, and that I last saw him alive on Nov. 22 1939.

| Immediate cause of death | DURATION |
|---|---|
| Prematurity | |
| Baby 9 wks premature | |
| Due to and | |
| Excessively strong uterine | |
| Due to Contractions | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. Stifer, MD (M. D. or other)

Address: Ridgely Md Date signed 11-23-39

RECEIVED
DEC 2 1939
BUREAU V. S.

Dr Anderson

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-C)

## CERTIFICATE OF DEATH

10835

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH:**
County Caroline
City or town Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Buena Vista Avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 21 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Buena Vista Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** Alfred C. Holder

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

6 (b) Name of husband or wife Tillie Holder

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 22, 1870

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 10 | 24 | ____ hrs. ____ min. |

9. Birthplace Dorchester County, Maryland (Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business

FATHER
12. Name Wesley Holder
13. Birthplace Dorchester County, Maryland

MOTHER
14. Maiden name Sarah Windsor
15. Birthplace Dorchester County, Maryland

16. Informant John L. Paul
Address Federalsburg Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19 1939 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery
Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son
Address Federalsburg, Maryland

19. Nov. 17 1939 (Date rec'd by registrar) S. S. Frampton Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1939, at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 1939 to Nov 16 1939 and that I last saw h[illegible] alive on 11/16 1939

| Immediate cause of death | DURATION |
|---|---|
| Coronary Thrombosis | 3 hrs |
| Due to chronic myocarditis | 2 yrs. |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M. D. or Other
Address Federalsburg Md. Date signed 11/17/39

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DEC 6 1939
BUREAU V. S.

10836

# STATE OF MARYLAND—CERTIFICATE OF DEATH

95-E

**1. PLACE OF DEATH**

County Caroline Registration Dist. No. 63

Village or City Near Harmony No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Jerry Hurlock If U. S. Veteran, specify WAR

(a) Residence: No. Harmony St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, dey, end yeer) Oct. 11, 1859

| 7. AGE Yeers | Months | Deys | If LESS then 1 dey, hrs. or min. |
|---|---|---|---|
| 80 | 1 | 7 | |

OCCUPATION

8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceesed lest worked et this occupetion (month end year)

11. Totel time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Tanyard (Stete or country) Caroline Co, Md.,

FATHER

13. NAME W. H. Hurlock

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Frazier

16. BIRTHPLACE (city or town) Williamsburg (Stete or country) Md.

17. INFORMANT Hattie Darling (Address) Preston, Md.,

18. BURIAL, CREMATION, OR REMOVAL Piece Linchester Dete Nov. Oct. 20, 19 39

19. UNDERTAKER W. H. Hollis & Son (Address) Preston, Md.,

20. FILED Nov. 20, 1939 Columbia D. Plummer Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** November (Month) 18 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1939 to Nov 18, 1939

I lest sew him elive on Nov 14 1939; deeth is seid to have occurred on the dete steted ebove, et 4 A m. ±

The **PRINCIPAL CAUSE OF DEATH** end releted causes of importence were es follows:

| | Date of onset |
|---|---|
| arteria Sclerotic heart disease | 1938 |
| Generalized arteria Sclerosis | 1929 |

Dther **Contribntory Causes** of importence:

Name of operetion Dete of

What test confirmed diegnosis? Was there an autopsy?

23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Shotts M. D.

(Address) Preston Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED DEC 6 1928 BUREAU OF S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10837

## CERTIFICATE OF DEATH

Reg. Dist. No. 63

**1. PLACE OF DEATH:**
County: Caroline
City or town: Bethlehem
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Bethlehem Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Elizabeth E. Miley

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widow |

6 (b) Name of husband or wife: W. K. Miley
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 19 1860

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 5 | 28 | hrs. min. |

9. Birthplace: Philadelphia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James F. McCarty
13. Birthplace: Unknown

MOTHER
14. Maiden name: Liza A Unknown
15. Birthplace: Unknown

16. Informant: J. L. Miley
Address: Preston, Md.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19, 1939 (month) (day) (year)
Cemetery or crematory: Jr. O. U. A. M.
Location: Linchester, Md.,

18. Funeral director: W. H. Hollis & Son
Address: Preston, Maryland

19. Nov 17 1939 (Date rec'd by registrar) Cornelia D. Plummer Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 16 1939, at 11.10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/11 1939, to 11/16 1939, and that I last saw h e alive on November 16 1939.

| | DURATION |
|---|---|
| Immediate cause of death: Cardiac Decompensation | 11/16/39 |
| Pulmonary Edema. | days |
| Chronic hypertensive cardio-renal conditions | 1 |
| Due to Chronic Myocarditis Cause | |
| Due to Hypertensive Cardio Renal Disease | 5 |
| Other conditions: Fracture Surgical Neck, right Humerus due to accidental fall. | 11/11/39 |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of Nov. 11th, 1939
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): In Bar Room
Means of Injury: Slipped, and fell. Injured at work?

23. SIGNATURE: Harry B. Plummer M. D. or other
Address: Preston Maryland Date signed: 11/17/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1939
BUREAU V. S.

10838

# STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

**1. PLACE OF DEATH**

County Caroline Registration Dist. No. 60

Village or City Goldsboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** William J. Reynolds If U. S. Veteran, specify WAR no

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | W | Single |

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 4, 1867

| 7. AGE | Yaars | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Laborer.

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. ✓

10. Date dacaased last worked at this occupetion (month and yaar) ✓

11. Total tima (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME George Reynolds.

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Sarah Richards

16. BIRTHPLACE (city or town) (Stete or country) Delaware

17. INFORMANT (Address) Earl Harrington Greensboro Md.

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro Md Date 11/17/39, 19

19. UNDERTAKER (Addrass) Raymond B. Rawlings Greensboro Md.

20. FILED 11/16, 1939 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 11 (Month) 16 (Day) 1939 (Yaar)

22. I HEREBY CERTIFY, That I attended daceasad from June 37, to Dec 16, 1939

I last saw him alive on 11/16, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH end raiated causas of importanca ware as follows:

| | Date of onset |
|---|---|
| Cardio Renal Vascular Changes | unknown |

Othar Contributory Causes of importance:

Exhaustion

Name of oparation Date of

What tast confirmed diagnosis? Was thera an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? Date of Injury, 19

Whare did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way ralated to occupation of dacaased?

If so, specify

(Signad) [signature] M. D.

(Address) Goldsboro Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED
DEC 2 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10839

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

**1. PLACE OF DEATH:**

County: Caroline

City or town: Federalsburg, Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near American Corner

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 mon. 10 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland. County: Caroline

City or town: Federalsburg, Md. R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near American Corner
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Therisia Ricketts,

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 12th. 1939

8. AGE: Years: Months: I Days: 10 If less than one day: hrs. min.

9. Birthplace: Federalsburg, Md. R.F.D.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Gilbert Ricketts,
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden name: Alfreda Hubbard,
15. Birthplace: Caroline Co. Md.

16. Informant: Gilbert Ricketts.
Address: Federalsburg, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 23" 1939 (month) (day) (year)

Cemetery or crematory: Ollie Hubbard Farm

Location: Near Friendship, Md.

18. Funeral director: J.J.Framptom & Son.
Address: Federalsburg, Md.

19. Nov. 23 1939 (Date rec'd by registrar) J.J. Framptom Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22Nd. 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive, on 19

Immediate cause of death: Child slept in bed between Father the Mother died from suffocation

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frederic N Nichols M.D. or other
Address: Deputy Medical Examiner Oakton Md Date signed 11/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

10840

(97)

**1. PLACE OF DEATH**

County Caroline Registration Dist. No. 63

Village or City Near Preston, Maryland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foraign birth? yrs. mos. ds.

**2. FULL NAME** Louise W. Schmidt If U. S. Veteran, specify WAR

(a) Residence: No. Federalsburg, Maryland, R.F.D. Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of: Christian Schmidt

6. DATE OF BIRTH (month, day, and year): January 12, 1864

7. AGE: Years 75 | Months 10 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Data deceasad last worked at this occupation (month and yaar): 1935

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (Stata or country): Cook County Illinois

FATHER

13. NAME: Frederick Werfelmann

14. BIRTHPLACE (city or town) (Stata or country): Hanover Germany

MOTHER

15. MAIDEN NAME: Engel Hue

16. BIRTHPLACE (city or town) (Stata or country): Germany

17. INFORMANT (Address): Otto Schmidt Federalsburg, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place: Linchester Cemetery Maryland Date: Nov. 30, 1939

19. UNDERTAKER (Address): J. J. Framptom & Son Federalsburg Maryland

20. FILED: Nov. 29, 1939 Cornelia D. Plummer Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** November (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Nov 27, 1939

I last saw her aliva on Nov. 24, 1939; death is said to have occurred on tha data stated above, at 1:30 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:

| | Date of onset |
|---|---|
| Cerebral arteriosclerosis | 1935 |

Other Contributory Causes of importance:

| | |
|---|---|
| Generalized arteriosclerosis | 1929 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in any way related to occupation of deceesed? no

If so, specify

(Signed) Paul Knotts M. D.

(Address) Denton Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106-a)

10841

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

**1. PLACE OF DEATH:**

County Caroline

City or town Near Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gene Scott

3. (b) Social Security Number

4. Sex Female

5. Color or race w

6. (a) Single, married, widowed, or divorced S.

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. 30th 1939

8. AGE: Years | Months 5 | Days 14 | If less than one day hrs. min.

9. Birthplace Easton Haskti. Easton Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Herman Scott.

13. Birthplace Del.

MOTHER

14. Maiden name Emma Clark

15. Birthplace Del.

16. Informant Herman Scott. (Father)

Address R.D. Denton Md

17. Buried Date thereof 11-16-39

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro Cem

Location Greensboro Md.

18. Funeral director J. Virgil Moore

Address Denton. Md.

19. Nov. 16 1939 Mrs. D.O. George

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1939, at 5 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Nov 14 1939, and that I last saw her alive on November 13 1939.

Immediate cause of death acute Bronchitis — DURATION 4 days

Due to

Due to

Other conditions asthenia due to prematurity of birth to a toxic mother

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Paul Knotts M.D.

M. D. or other

Address Denton Md Date signed Nov 15-1939

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10842

(93-C)

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Liberty Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Josephine Grant Sullivan

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed |

6 (b) Name of husband or wife Martin Luther Sullivan

6(c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) September 13, 1865

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 2 | 9 | hrs. min. |

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER 12. Name William James Harris

13. Birthplace Delaware

MOTHER 14. Maiden name Louisa A. Spicer

15. Birthplace Delaware

16. Informant Miss Ruth Sullivan

Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 26, 1939 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Nov. 25 1939 (Date rec'd by registrar) T. S. Frampton Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1939, at 10:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Nov 22 1939, and that I last saw h[illegible] alive on Nov 22 1939.

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Embolism | 3 days |
| Due to Chronic myocarditis | 5 yrs. |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

20 operations

20 autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M. D. or other

Address Federalsburg Md Date signed 11/25/39

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10843

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

**1. PLACE OF DEATH:**

County: Caroline

City or town: Greensboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 15 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md, County: Caroline

City or town: Greensboro Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William T. Sullivan

3. (b) Social Security Number

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 10. 1851

8. AGE: Years 88 Months 9 Days 11 If less than one day hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Virginia

MOTHER
14. Maiden name: Unknown
15. Birthplace: Virginia

16. Informant: Earl Harrington
Address: Goldsboro. Md.

17. Greensboro. Md (Burial, cremation, or removal. Which?) Date thereof: Nov. 25. 1939 (month) (day) (year)

Cemetery or crematory: Greensboro

Location: Greensboro. Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro. Md.

19. Nov. 24 1939 (Date rec'd by registrar) L. Mae Pippin Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/21 1939, at 8 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to 11/20 1939, and that I last saw him alive on 11/20 1939.

Immediate cause of death: Organic Heart (Valvular)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Goldsboro Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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10844

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-B)

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

**1. PLACE OF DEATH:**

County Caroline

City or town West Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Swartz

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Flora McDaniel

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb. 2nd 1871

8. AGE: Years 68 Months Days 4 If less than one day hrs. min.

9. Birthplace Harrisonburg Va.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

FATHER 12. Name George W. Swartz

13. Birthplace Va.

MOTHER 14. Maiden name Rebecca Snell

15. Birthplace Va.

16. Informant Wilson Swartz (Son)

Address Denton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-9-39 (month) (day) (year)

Cemetery or crematory

Location Near Harrisonburg Va.

18. Funeral director J Virgil Enoch & Son

Address Denton Md

19. Nov. 8 1939 (Date rec'd by registrar) Mrs. D.O. George Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1939, to Nov. 6 1939, and that I last saw him alive on Nov. 5 1939.

| | DURATION |
|---|---|
| Immediate cause of death arterio sclerotic heart disease | 2 yr ± |
| Due to Generalized arterio sclerosis | 5 yr ± |
| Due to | |
| Other conditions Obstructive prostatic Hypertrophy | 6 mo ± |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Knotts MD M. D. or other

Address Denton Md Date signed Nov 7 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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D. Webb

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully ~~be supplied.~~ The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

10845

## CERTIFICATE OF DEATH

Reg. Dist. No. 63

**1. PLACE OF DEATH:**

County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Preston - Easton Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Samuel A. Waters

3. (b) Social Security Number None

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lizzie Waters

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) November 27, 1881

8. AGE: Years 57 Months 11 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Near Pocomoke City, Maryland
(Town, county, and state)

10. Usual occupation Retired Protestant Minister

11. Industry or business Methodist Church

FATHER
12. Name John Waters
13. Birthplace Near Pocomoke City, Maryland

MOTHER
14. Maiden name Harriett Waters
15. Birthplace Fairmount, Maryland

16. Informant Mrs. Samuel A. Waters
Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 3 1939 (month) (day) (year)

Cemetery or crematory Punchin Landing Cemetery

Location Near Pocomoke City, Maryland

18. Funeral director J. J. Frampton and Son
Address Federalsburg, Maryland

19. Nov. 3 1939 (Date rec'd by registrar) Cornelia D. Plummer Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1939, at 6:10 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 2 1939, to Nov. 1 1939, and that I last saw him alive on Nov. 1 1939.

Immediate cause of death Paresis
General paralysis of the insane.
cwgr.

Due to Auto Accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
1 year
4 years ago

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Haynard T. Webb M. D. or other

Address Easton, Md Date signed 11/2/39

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